

## **RWTF Effectiveness Results: Family Caregiver Supports**

### **Legislative Mandate:**

(H) The support available to family caregivers of recovering wounded, ill, and injured members of the Armed Forces.

### **Purpose:**

- DoD, Undersecretary of Defense for Personnel & Readiness. (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program. Washington, DC: Author:  
**Ensure uniform care and support for RSMs and families:** The Recovery Coordination Program (RCP) shall be established to provide program and policy oversight of DoD resources necessary to ensure uniform care and support for RSMs and their families when the RSM has been wounded or injured or has an illness ...
- Holmes, C.B. (March 28, 2011). Summit seeks to improve nonmedical care. Retrieved January 13, 2012, from <http://www.defense.gov//News/NewsArticle.aspx?ID=63339>:  
**Provide “effective and meaningful family support across the continuum of care”:** Mary Campise of the Family Advocacy Program in the office of the assistant secretary of defense for military community and family policy, “Families and communities provide the context within which wounded warriors ultimately heal,” and, “By bringing together a talented and committed group of diverse, family-focused individuals who have years of experience working with military families, we hope to identify and seize opportunities to integrate and embed effective and meaningful family support across the continuum of care” (para. 18).

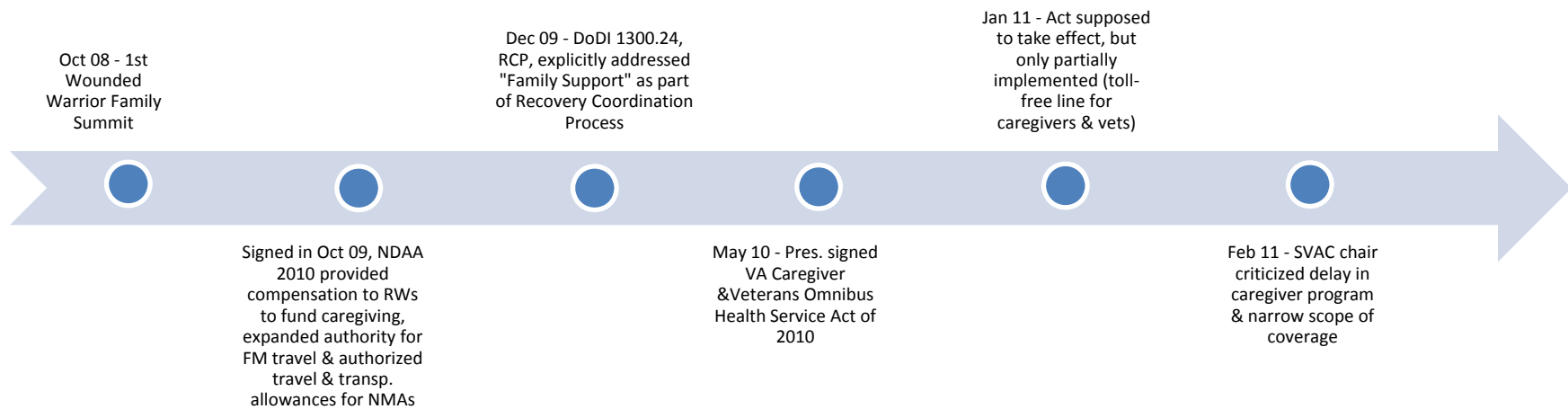
### **Relevant Policy:**

- DoDI 1300.24: Recovery Coordination Program (December 2009)
- DoDI 1342.22: Family Centers (December 1992)
- Wounded Warrior Regiment Order (WWRO) 1754.6A. Wounded Warrior Regiment Family Support Program (January 19, 2012)
- WWRO 3100.1A. Recovery Care Coordinator Program Procedural Manual (n.d.)
- WWRO 1540.1. Computer based training order (December 5, 2011)
- WWRO 6100.4. Warrior Athlete Reconditioning Program Standard Operating Procedure (September 13, 2011)
- WTC Comprehensive Transition Policy and CTP-Guidance (December 1, 2011)

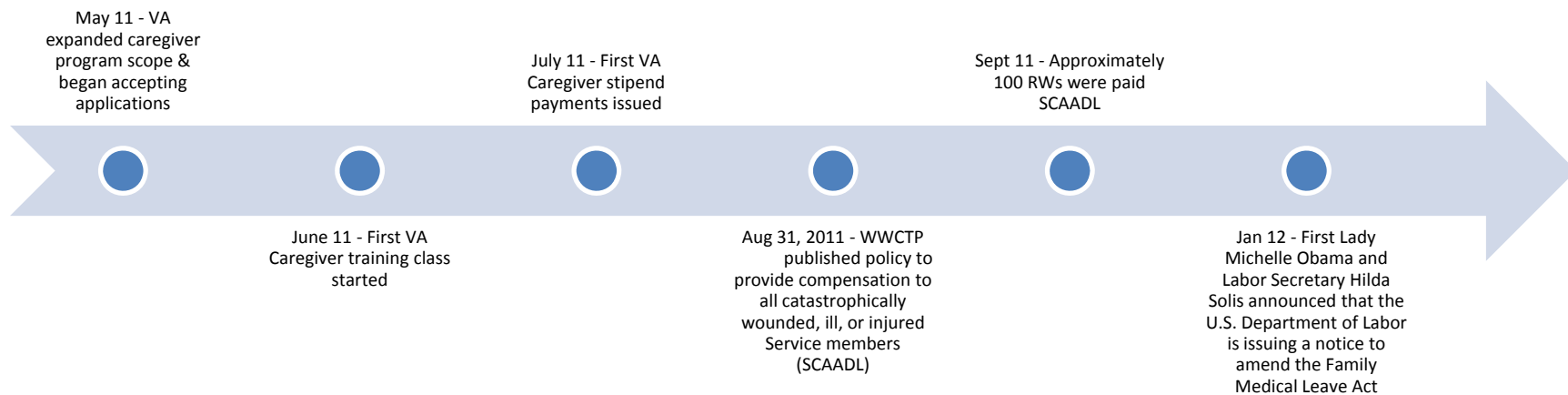
## RWTF Effectiveness Results: Family Caregiver Supports

### Maturity:

#### *Family Caregiver Supports 2008 to February 2011*



#### *Family Caregiver Supports May 2011 to present*



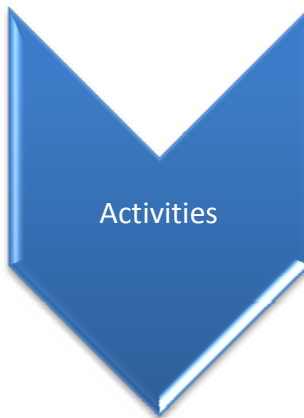
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### Resources

- No Research Questions

- **Other: Congressional and VSO interest in family caregiver supports**
  - Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 22, 2012): The following VSOs, in their statements, expressed that family caregivers are one of their legislative priorities:
    - (Prepared statement of CMSgt (Ret.) John R McCauslin, Chief Executive Officer, Air Force Sergeants Association).
    - (Prepared statement of Gary L Fry, National Commander, AMVETS).
    - (Prepared statement of John R. Davis, Director, Legislative Programs, Fleet Reserve Association).
    - (Prepared statement of COL (Ret.) Robert F Norton, Deputy Director, Government Relations, Military Officers Association of America).
    - (Prepared statement of MG Gus Hargett, President, NGAUS).
  - Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 11<sup>2th</sup> Cong. (March 21, 2012) (Prepared statement of Dawn Halfaker, President, Board of Directors, Wounded Warrior Project):
    - Ensuring the VA's implementation of caregiver assistance is true to Congressional intent was identified as a legislative priority

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Activities

- DS 06.06: What best practices have sites established? How do sites learn best practices? Are best practices evidence-based?

- **DS 06.06: What best practices have sites established? How do sites learn best practices? Are best practices evidence-based?**
  - Marine Corps WWRO 3100.1A. Recovery Care Coordinator Program Procedural Manual. (n.d.).
  - Marine Corps WWRO 1754.6A. Wounded Warrior Regiment Family Support Program. January 19, 2012.
    - The Marine Corps involves the family caregiver early in the process by using the WWR RCP Family Contact Authorization Form to obtain permission from the Marine to provide communication and support to the family caregiver. The RCC will continue to provide support to the family member until this form is signed. *(See also WWRO 3100.1A. under DS 06.03, subsection: who is responsible for reaching out to families?)*
    - The Marine Corps is also tasking Commanders with proactively identifying and solving family support needs rather than waiting for family members to report concerns *(See also WWRO 1754.6A under DS 06.03, subsection: who is responsible for reaching out to families?)*
  - Site Briefings to the RWTF, October 2011-March 2012:
    - WTB Europe: The FRSA took AFTB I, II, III, and Rear Det. Training.
    - Kleber Kaserne: The unit social worker conducts home visits with each family, face to face contact immediately following intake; meets the kids; sees the whole picture and says “call me”
    - 3 sites (Fort Knox, Camp Lejeune, and Fort Carson) reported that they are currently running support groups
      - At Fort Knox, the SFAC Social Service Coordinator (SSC) co-facilitates the family member support group
      - At Camp Lejeune, caregiver support group facilitated by FOCUS
      - At Fort Carson, they have Warrior Support Groups
    - Fort Carson: Chaplains’ Spiritual Renewal Day (formerly known as Burgundy Bunch) provides an opportunity for family caregivers to receive encouragement and pampering
    - Camp Lejeune: caregiver lunch and learn series (monthly), LINKS for Wounded Warriors (a volunteer team-mentoring program designed by Marine Corps

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spouses, stands for Lifestyles Insights Networking Knowledge Skills), and caregiver resiliency days.

- KSAT staff (January 31, 2012). Wounded Warrior Families Play in snow. Retrieved February 17, 2012, from <http://www.ksat.com/news/Wounded-Warrior-families-play-in-snow/-/478452/8569528/-/5ei4va/-/index.html>:
  - The Warrior and Family Support Center hosted its annual "Winter Wonderland" party at Fort Sam Houston by creating snow for children and families to play in since many of these individuals are from areas where it typically snows in the winter

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### Outputs

- DS 06.02: What is the implementation status of the federal legislation passed to support families?
- DS 06.03: What supports do the Services provide family caregivers (probe: how do supports for beneficiary and non-beneficiary caregivers differ)?
- DS 06.04: How well utilized are family caregiver supports?
- DS 06.04: What prevents higher utilization of family caregiver supports?

- **DS 06.02: What is the implementation status of the federal legislation passed to support families?**  
*DoD (See further detail about SCAADL under DS 06.03 and DS 06.04)*
  - National Defense Authorization Act (NDAA) of 2010, Pub. L. No. 111-84 §603 (2009): Section 603 of the National Defense Authorization Act (NDAA) of 2010 (signed into law on October 28, 2009) amended federal law to authorize monthly compensation to recovering Service members to pay for aid and attendance care without which they would require hospitalization, nursing home care, or other residential institutional care.
  - WWCTP (September 6, 2011). New DoD policy and compensation for catastrophically wounded warriors. Retrieved January 18, 2012, from <http://warriorcare.dodlive.mil/2011/09/06/new-dod-policy-and-compensation-for-homebound-wounded-warriors/>:
    - Special compensation for assistance with activities of daily living (SCAADL) was formalized into policy August 31, 2011
    - The wounded warrior programs within each of the Services are now implementing the policy and are notifying potentially eligible RWs about the application process
    - This compensation is paid monthly to Service members who have a permanent catastrophic injury or illness and requires caregiver support
    - The goal is to help offset the loss of income by a primary caregiver who provides non-medical care, support, and assistance for the Service member
  - Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011:
    - On August 31, 2011 policy was published to provide compensation to all eligible catastrophically wounded, ill, or injured Service members (SCAADL)
    - On September 15, 2011, approximately 100 Service members were paid
- **DS 06.03: What supports do the Services provide family caregivers (probe: how do supports for beneficiary and non-beneficiary caregivers differ)?**  
*DoD caregiver support services*  
*SCAADL Payments (See further detail about SCAADL under DS 06.02 and DS 06.04)*  
*Other DoD caregiver support services*

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- CAPT Hammer. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012:
  - Partnering with VA to ensure all deployed service members, veterans, and families can receive VA readjustment counseling/mental health services for three years from date of return (Slide 36)
  - Developing innovative technology to deliver web-based telemental health care to ensure timely access to PTSD care for remote service members and their families (Slide 37)
- NDAA of 2012 Pub. L. No. 112-81. §529 (2011): authorizes spouse to attend portions of pre-separation counseling (a mandated component of transition assistance). (Note: This change may be in response to concerns that spouses did not have access to transition information, and for some RWs relaying information to spouse is not feasible (e.g. RWs with TBI-related memory issues))
- Cohoon, B., Deputy Director of Government Relations for the National Military Family Association, personal communication to the RWTF, December 16, 2012:
  - TRICARE Assistance Program (TRIAP) = free Skype online service that gives enrollees 24/7 confidential access to a counselor
    - Users can go to this website and they give you an appointment to “call” with Skype; provides access to a professional who can help with problem solving
    - Guard and Reserve on drill status can also use this resource.
- DCMilitary.com (February 6, 2012). Wounded Warrior care. Retrieved April 12, 2012, from <http://www.dcmilitary.com/article/20120206/NEWS11/120209870/wounded-warrior-care&template=baseguide>:
  - The Warrior Family Coordination Cell provides coordination between Walter Reed National Military Medical Center Bethesda, Naval Support Activity Bethesda (NSAB), the Services, and all other organizations that are integrated for care of the wounded, ill, and injured Service member and family member
  - Operates 24/7
  - Goal is “to leverage efficiencies, minimize redundancies, promote/assist Services and optimize a healing environment for recovering Warriors and Families”

### **Army**

#### *Caregiver support services*

- Site Briefings to the RWTF, October 2011-March 2012:
  - Wide range of supports was identified, but supports identified were not consistent across sites:
    - WTU company-level Family Readiness Support Assistants (FRSAs)
    - FRSAs were identified at most Army sites as an initial contact
    - SFACs/SFAC staff (such as the SFAC Social Service Coordinator)
    - MCCM (roles mentioned included providing FMs with education, tools, and resources related to illness or injury (with RW permission), encouraging FMs to attend briefings/appointments, involving the FM in

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the CTP process, assessing the family support system and referring for services as needed, and helping with NMA reimbursement)

- AW2 Advocates may provide FM with direct support and/or referral (if permitted by Soldier/veteran)
- All service providers
- Warrior Support Group leaders
- Company commanders and 1SGs
- Platoon Sergeants
- Case managers
- FRGs
- Family member support groups
- Briefing for RWs and FM at Transition Orientation
- Initial welcome packet/letter given to or mailed to FM from SFAC or FRSA
- Telephone consultations to check on FM
- Free childcare through the SFAC to allow caregivers to attend classes or command sponsored meetings
- Access to organizations dedicated to supporting RWs such as OPM, the USO, and Wounded Warrior Project
- Religious support
- Spouses Committee
- Family Support Plan and/or an initial needs assessment
- As can be seen in the lists above, a large number of individuals were identified as being responsible for meeting family members' needs
- However, many of these sites reported that the supports listed above play a passive role in assisting family members (i.e. helping if the family member requests assistance but not reaching out to the family member)
- Some sites also reported providing information and/or resources to RWs instead of directly providing them to family members
- In particular, a CBWTU site and an OCONUS site reported depending heavily on RWs to involve family members
  - OCONUS: unit gives a contact card to RW and asks RW to share it with FM
  - CBWTU: site depends heavily on RWs to involve FMs.
- The CBWTU expressed further limitations:
  - CBWTU: try to get FMs involved at musters but do not send information home to FMs who do not attend quarterly musters, despite the fact that musters are poorly attended by families
  - CBWTU: NCMs do not take care of spouses but will have a licensed clinical social worker reach out to them to be sure they are getting the care they need; NCMs ask Soldier for family contact information and ask permission to reach the family member.



## RWTF Effectiveness Results: Family Caregiver Supports

- Headquarters, Department of the Army (2012). Army 2020: Generating Health & Discipline in the Force: Ahead of the Strategic Reset Report 2012. Retrieved February 8, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>.
  - One of the purposes identified for WTUs is to provide advocacy for family members (p. 74)
  - Army MEDCOM's behavioral health campaign plan includes a family component:
    - The Comprehensive Behavioral Health System of Care Campaign Plan, "depicts the Army's approach to identifying, preventing, treating and tracking behavioral health issues affecting Soldiers and Families" (p. 14).
    - It "emphasizes five points to evaluate stress on the Force aligned with the ARFORGEN (Army Force Generation) cycle" (p. 14) that include family members at 5 touchpoints

### *Supports for non-beneficiaries*

- Site Briefings to the RWTF, October 2011-March 2012:
  - CONUS: Some sites report that all FMs get the same support while some specify that they get the same support if designated as a caregiver. One site reported that if the RW provides the names of these individuals, they will get the same support. One site reported that they get the same information except what is HIPAA-protected.
  - OCONUS: Support is not provided to parents and fiancés on a regular basis, primarily because WTU is geographically separated from the majority of FMs, who are stateside.
- COL Bair, D., COL Scott, S. and Emerich, S. Briefing to the RWTF. Warrior Transition Command cadre training. December 9, 2011:
  - Definition of family caregiver:
    - It is not limited to the immediate family members
    - For them, family member is broadly defined so best friends, brothers, sisters, spouses, etc. have served in this position

### *Staff training for family support*

- COL Bair, D., COL Scott, S. and Emerich, S. Briefing to the RWTF. Warrior Transition Command cadre training. December 9, 2011: Army cadre training materials consistently target family members as well as Soldiers. In addition:
  - Currently included in the cadre training:
    - Although platoon sergeants, squad leaders, and NMCM must participate in certain trainings, Social Workers, Ombudsman, Occupational Therapists, Soldier and Family Hotline personnel, and administrative/operational personnel are trained on a volunteer basis
    - NMCM (SL/PSG) receive training on engaging family as appropriate
    - In training, they discuss the value in and the need to include the family and the role of a non-medical attendant in the CTP
    - The AW2 Advocate (who is also the spouse of a RW) and her husband talk at the 2-week training course about the value of including the family (including children) in the recovery process

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- They also support and reach out to family caregivers via Risk Communication
- Identified as future goals in the cadre training:
  - Brief new NCMs on SCAADL and the VA caregivers compensation; also weekly VTCs
  - Incorporate families to train cadre through “scenario-based training” (slide 7)

*Who is responsible for reaching out to families?*

- BG Williams, D. Army Warrior Transition Command (WTC) briefing to the RWTF. February 21, 2012:
  - The Army does not believe that it is necessary to specify a single recovery team member responsible for family members' needs (slide 6)
  - Instead, believe that the success of the Army Wounded Warrior program relies on shared responsibility for the RW and family caregiver; interdisciplinary process (slide 6)
  - Recognize need to better educate and inform RWs and family members and put these recommendations into the CTP Guidance and Policy, dated 1 Dec 11 (slide 6)
- Army WTC (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance (CTP-G). Alexandria, VA: Author.
  - Background:
    - Family is one of the six domains of the CTP (p. 3)
    - “The Soldier and his Family develop his CTP with the support and guidance of the interdisciplinary team” (p. 4)
  - Roles of Brigade, Battalion and Company WTU Staff consistently include support of family caregivers as well as Soldiers. In addition:
    - The responsibilities of the WTU CSM, Chaplain, Chaplain’s Assistant, and FRSA are consistent with services provided to all Service member families (p. 6-11)
    - The SFAC director also provides the same services as are available to all Service members and their families but also some that are particularly relevant to RWs, and their families, including acting as an “information broker/clearing house” and “offering a goal oriented family support plan for family members” (p. 11)
  - Cadre family caregiver support responsibilities are also divided by the stage of the CTP process. Although family members are often mentioned as an important part of the CTP process, there are some noticeable gaps:
    - There is no specific guidance given for which individual should contact the family member, how he/she will contact the family member, and when he/she will contact the family member which implies it is up to the industrious unit staff member to reach out to the family member; this does not ensure that all family members are contacted

## **RWTF Effectiveness Results: Family Caregiver Supports**

- In many cases, multiple people are given shared responsibility for the family member which can be confusing to family members and/or can result in no one taking personal responsibility for the family member
- No one is responsible for reaching out to family members to see how they are coping; this implies that unless the Soldier relays information to unit staff and asks for assistance for the family member, the family member is unlikely to get such assistance

### ***Marine Corps***

#### ***Caregiver support services***

- Site Briefings to the RWTF, October 2011-March 2012:
  - Wide range of supports was identified, but supports identified were not consistent across sites. List included:
    - Family Readiness Officer (FRO)
      - ◆ FRO was identified most often as initial contact
    - Family Support Coordinator
    - Senior NCOIC GySgt (collateral duty)
    - Chaplain
    - Contact with FM
    - Information dissemination
    - Connection to resources
    - Personal assistance during crisis situations
    - Orientation briefs for new RWs and FMs
    - Education about the injury, medications, and prognosis
    - Both sites reported that they provide KIAT
      - ◆ Although one of these sites reported providing this directly to FMs while the other reported providing this to RWs
- Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
  - RCCs provide information on a recurring basis to wounded, ill, and injured Marines and their family members
  - WWR uses a Marine Corps-customized Keeping It All Together Handbook and provides wounded, ill, and injured Marines and family members one-on-one orientation with KIAT (slide 11)
    - KIAT also includes WWR Fact Sheets (See Information Resources effectiveness results document)
    - RCCs are going to start doing the orientation with this resource
  - Just opened Hope and Care Center at Camp Pendleton for families and warriors; next one will be at Camp Lejeune
  - WII-specific resiliency and counseling support via Families OverComing Under Stress (FOCUS)
  - Care for the Caregiver workshops

## **RWTF Effectiveness Results: Family Caregiver Supports**

- In coordination with VA and WWCTP, provide access to Easter Seals' caregiver training materials

### *Staff training for family support*

- Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
  - Provide caregiver-specific training to RCCs
  - Staff guidance via Family Readiness Order
  - "The WWR developed two train-the-trainer modules for the Keeping It All Together Handbook and the Care for the Caregiver workshop which is designed to provide unit leadership with requirements and tips and techniques for how to best support caregivers" (slide 34)
  - "Family Readiness Officers and Family Support Coordinators provide regular PME's discussing their roles and responsibilities, resources available to support WII families, and to provide information on upcoming events" (slide 34)
- Marine Corps WWRO 1540.1: Computer based training order. December 5, 2011: all permanent WWR staff must complete the following computer based training modules: (phase I required of all uniformed and civilian staff NLT January 13, 2012, phase II required NLT February 29, 2012)
  - NMA/ITOs (Apr) (Phase I)
  - Care for the caregiver (Aug) (Phase II)

### *Who is responsible for reaching out to families?*

- Marine Corps Wounded Warrior Regiment. Briefing to the RWTF. Recovery Care Coordinators. January 11, 2012: RCC roles:
  - Assist with goals relevant to family members, such as helping a spouse find a job near the MTF where RW is being treated
  - Work with family readiness officers (FROs) and family support coordinators (FSCs) to ensure they are identifying and meeting family needs
  - Provide Keeping it All Together Handbook (Military OneSource) if family support staff is not nearby
  - Provide family journals (NRD) if family support staff is not nearby
- Marine Corps WWRO 1754.6A. Wounded Warrior Regiment Family Support Program. January 19, 2012.
  - Recognizes the needs of families: "The needs of the families of wounded, ill and injured (WII) Marines and Sailors are of utmost concern to the WWR. Families of WII Marines and Sailors have a heightened need for communication, information and referral services to help them successfully navigate through the various stages of recovery" (p. 1)
  - Developed to "establish policy and guidance for Battalion Commanders, Family Readiness Officers (FROs) and Family Support Coordinators (FSC) on their roles in serving the needs of the families of WII Marines and Sailors" (p. 1)
  - "Provides guidance for family training, workshops, and other activities" (p. 1)
  - Goal is to "standardize the baseline level of family programs available throughout the WWR" (p. 2)

## **RWTF Effectiveness Results: Family Caregiver Supports**

- Implements the Family Support Plan (FSP) for families of wounded, ill, and injured Marines and Sailors; specifies that this applies to the Marines and Sailors at the Wounded Warrior Battalion and its Detachments. (Note: we infer this excludes family members of RWs still assigned to line units)
- Tasks are given to Battalion Commanders, WWR Family Readiness Officer, Battalion FROs/FSCs and Detachment FSCs to develop and implement a FSP:
  - Commanders are being tasked with proactively identifying and solving family support needs rather than waiting for family members to report concerns (which is something that family members may not feel comfortable doing or they may not know who to contact with concerns)
  - The WWR Family Readiness Officer, Battalion FROs/FSCs and Detachment FSCs are tasked with collecting metrics of effectiveness of Family Support Programs
- Marine Corps WWRO 3100.1A. Recovery Care Coordinator Program Procedural Manual. (n.d.).
  - Commander's Intent includes, "Just as important, we will also encourage, nurture, and guide the WII Marine's family through the recovery process" (p.2)
  - Families are to be included in the CRP process to identify short-term and long-term goals as well as the needed to meet these goals (p. 2)
    - This order identifies members of the recovery team responsible for family support and assigns tasks
    - Members of the recovery team assigned responsibilities include RCCs, RCC Program Management, RCC Team Leads, small unit leadership, WWR Operations, and WWR Battalion Operations
  - Includes the WWR RCP Family Contact Authorization Form and WWR Recovery Coordination Program Support Authorization and Opt-Out Form:
    - Purpose of WWR RCP Family Contact Authorization Form is to obtain permission from the Marine to provide communication and support to their family/caregiver
    - While it is not mandatory for wounded, ill, and injured Marines to provide family member contact information authorizing family/caregiver support from the RCC, if Marines do not provide this information:
      - ◆ Marines will be counseled by leadership about the resources/benefits they will give up (p. 18)
      - ◆ They must sign the WWR Recovery Coordination Program Support Authorization and Opt-Out Form (p. 18-19)
        - This form acknowledges that the Marine is informed of the benefits
        - The Marine must sign a statement saying "I do not wish for my family member to benefit..." and "I understand the importance..."
        - The form also emphasizes that it can be cancelled at any time to allow the RCC to contact family members

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- ♦ Finally, the RCC will continue to provide support to the Marine and his/her family members until this form is signed (p. 19)
- Marine Corps WWRO 6100.4. Warrior Athlete Reconditioning Program (WAR-P) Standard Operating Procedure (WAR-P SOP). September 13, 2011.
  - The WWR executes Mind, Body, Spirit, and Family programs, called Lines of Operation (LOO) to support RWs assigned to the WWR
  - WWRO states that family members are to be included in establishing “recovery and life goals” and developing “LOOs to obtain these goals while assigned to the WWR” (p. 2)

### ***Marine Corps and Navy***

#### ***Caregiver support services***

- Malta, D. (January 29, 2012). Nursing on the go: No wounded warrior is too far. Retrieved February 17, 2012, from <http://www.yumasun.com/articles/snook-76304-help-wounded.html#ixzz1kx49N7Ea>:
  - 12 traveling nurses work for the Navy Marine Corps Relief Society
  - They travel through multiple states to meet with wounded warriors and their families, assess their needs, teach them how to cope with the situation (often including education on PTSD), and check-in later on to see how they are progressing (para. 4)
  - One nurse, who has a Bachelor's in Nursing and 20 years of experience working in the field, travels at least once a month and spends the rest of her time in the local community where Service members can visit her office or request a visit free of charge

### ***Navy***

#### ***Caregiver support services***

- Site Briefings to the RWTF, October 2011-March 2012:
  - Supports identified across sites. List included:
    - The one Navy Fleet and Family Support Program responds to needs on a case by case basis and does not actively inquire whether customers are families of wounded warriors. They noted that other regions (such as FFSP Bethesda) with larger populations of RWs may operate differently.
    - The Navy site reported providing information and referrals for all returning Warriors without mentioning an information packet that is proactively provided to FMs or one that is specifically tailored to address the needs of RWs.
    - Navy was the only site where a provider (local Navy Safe Harbor NMCM) mentioned family involvement in CRP/CTP)
- CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012:
  - Navy Safe Harbor hosted first Wounded Warrior Family Symposium in September 2011(Slide 3)
  - Family support includes:
    - A bedside family kit (WWCTP Journal, Keeping it All Together Notebook)

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- A family/caregiver newsletter
- FOCUS program
- Caregiver retreats
- Have an annual family symposium and a family/caregiver survey mechanism
- Are looking at a Flag Spouse Advisory Council(Slide 22)
- “The Way Ahead” includes:
  - “Create interactive family outreach network” (Slide 26)
  - “Increase outreach and communication efforts” (Slide 26)

### ***Air Force***

#### ***Caregiver support services***

- Site Briefings to the RWTF, October 2011-March 2012:
  - Supports identified across sites. List included:
    - Airman & Family Readiness Centers for Total Force where Community Readiness Consultants (CRCs) at A&FRC do outreach with spouses during pre-deployment and deployment. Other than that, there is no requirement to reach out to a spouse, but they do reach out if they have a concern about someone that walks out of the center. “We would love a budget to pay somebody to do that”
    - Most centers have a CRC with expertise in wounded warrior issues
- AFW2 (September 8, 2011). Wounded warriors, surviving spouses get child care placement priority. Retrieved January 18, 2012, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123271034>: Child care:
  - Priority placement is now being given to children of combat wounded warriors and combat-fallen warriors for waiting lists for Air Force child care programs including child development centers, family child care homes, and school-age programs
  - Airmen must be enrolled in the Air Force Wounded Warrior Program to be eligible
  - Unless a hardship waiver is granted by the installation’s mission support group commander, cost is based on total family income

#### ***Who is responsible for reaching out to families?***

- Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012: RCC:
  - “RCC is responsible for engaging the RW and family and ensuring they actively participate throughout the entire CRP process” (slide 4)
  - The Air Force is developing a Comprehensive Communications Plan to address the flow of information among caregivers, support personnel, family members, and RWs (slide 8)
    - Plan will aim to increase awareness of programs and services and coordinate efforts between all involved in care (slide 8)
    - Air Force Instruction (AFI) is for Warrior and Survivor Care that covers AFW2, Survivor Program, RCCs, and FLO program

## **RWTF Effectiveness Results: Family Caregiver Supports**

- Communication between all parties involved in the care of the RW is also stressed in training for all RCCs, AFW2 NMCM and AF MCMs (slide 8)
- MSgt Eichman, T. Briefing to the RWTF. Role of Family Liaison Officer. December 9, 2011: FLO:
  - Role of the FLO:
    - The U.S. Air Force added assisting RWs and their families to the FLO's pre-existing duties of assisting surviving family members following the death of a Service member (slide 2)
    - This FLO noted that because this RW duty grew out of another definition, each FLO may play their role slightly differently
  - FLO Responsibilities/Roles include:
    - Meeting the wounded warriors upon arrival and escorting the family and any others to the medical facility and on to their arranged lodging (slide 6)
    - Arranging travel orders as needed (slide 6)
    - Collecting travel info for other expected family members (slide 6)
    - Filing vouchers as needed (slide 6)
    - A taxi service whenever and wherever as needed (slide 6)
    - Roles include: driver, paper pusher, housing and sustenance, interpreter of military jargon, finder of medical personnel and information, tour guide, advocate, comedian, DV escort and deflector (slide 9)
- Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy (WWCTP). February 21, 2012: FLO:
  - Air Force Comment: "Air Force does not provide a FLO to all RSMs. FLOs are provided for all seriously injured or very seriously injured airmen receiving treatment away from home station. Commanders have the option to appoint a FLO in other circumstances (AFI 34-1101 draft)."
- Lt Col Black, S. Briefing to the RWTF. Air Force Wounded Warrior (AFW2) Program: Non-medical care management and support. December 6, 2011: AFW2 NMCMs provide:
  - Contact with AFW2 and family/caregiver

### ***USSOCOM***

- Site Briefings to the RWTF, October 2011-March 2012:
  - 3 sites reported that USSOCOM Care Coalition Liaisons and Advocates are heavily engaged with family caregivers and offer:
    - Communication
    - Support
    - Referral
    - Ensure they are connected to MFLCs and counselors with the SOF community

***RC family caregiver support services*** (See RC Effectiveness Results document and Army CBWTU data in section above for further detail on this subject)

- Site Briefings to the RWTF, October 2011-March 2012: RC



## RWTF Effectiveness Results: Family Caregiver Supports

- When the JFHQs were asked what supports they provide family caregivers, two JFHQs identified generic JFHQ family assistance resources and Family Readiness Groups (i.e., not RW specific) as well as other generic supports that fall under the Joint Family Support Assistance Program (JFSAP), such as youth programs, Military Family Life Consultants, Operation Military Kids, and so forth. One JFHQ indicated that among its team of eight Family Assistance Coordinators is one dedicated to Recovering Warriors and their families.
  - When asked how supports for NG RW family caregivers differ from those provided their AC counterparts, one JFHQ alluded to the geographic dispersion of Guard families by noting that family support providers often must rely on email and telephone calls to communicate with them and that Guard families often must rely on civilian community resources that may or may not be familiar with military culture. All of these observations apply to the Guard Member community as a whole rather than being unique to RWs and their families.
  - BG Williams, D. Army Warrior Transition Command (WTC) briefing to the RWTF. February 21, 2012:
    - Joint Service Support is available for RC family members:
      - <https://www.jointservicesupport.org/> = website where family members can type their zip code into this portal and it will bring up a list of resources within 50 miles of that zip code for housing, financial, medical, etc.
      - This portal is run through the Joint office intended for Guard (NGB) but all services can go in and type in their zip code and get information
- VA caregiver support services** (See further detail about Caregiver Program under DS 06.02 and DS 06.04)
- VA caregiver stipend, VA caregiver training, VA caregiver support line*
- VA (July 5, 2011). VA Issuing First Payments to Caregivers. Retrieved January 10, 2012, from <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2127>:
  - Caregivers receive an average of \$1,600 per month
  - The total amount of the stipend is calculated based on the Veteran's condition, the amount of care the Veteran requires, and where the Veteran lives.
  - Caregivers must complete the caregiver training under the program of comprehensive assistance for caregivers (See below)
- Other VA caregiver support services*
- Ray, L. and Santiago, Y. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: VA Liaisons for Healthcare. December 8, 2011:
  - Caregiver is provided with education on VA services, given information about the VA Caregiver Support Program, and is provided with the VA Caregiver Coordinator's name and contact information (slide 5)
  - The VA Liaison will assist as needed

## **RWTF Effectiveness Results: Family Caregiver Supports**

- Ray, L. and Alms-Chapa, T. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: OEF/OIF/OND Case Managers. December 8, 2011:
  - Invite caregiver to meeting with Service member
  - Communicate with caregiver, including: listening to their concerns, including them in the SM/Veteran's treatment plan, addressing both the Service member's current and future needs and the caregiver's current and future needs, encouraging caregivers to contact their team, and providing resources (to include connecting to local Caregiver Coordinator prior to separation) (slide 5)
- Jules, D. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: Polytrauma Case Managers. December 8, 2011: (Note: Given the high level of need among the population served, these case managers are likely to include family members):
  - Consider active involvement of families to be crucial to treatment and rehabilitation
  - Contact RW and family before admission
  - Invite family members for orientation and tour of the Polytrauma Rehabilitation Center (slide 6)
  - Meet RW and family on day of admission
  - Complete comprehensive psychosocial assessment of RW & family
  - Develop treatment plan in collaboration with RW, family, and interdisciplinary treatment team (slide 6)
  - Contact with RW daily, case management, supportive services to family
  - Address transition issues including lodging, transportation, meals, and financial concerns (slide 6)
  - Provide grief and adjustment counseling (slide 6)
  - Coordinate family meetings (slide 6)
  - Provide daily and ongoing case management services (slide 6)
  - Caregiver support needs and make appropriate referrals (slide 6)
  - Assist, advocate, educate RW & family about the VA healthcare system
- Uriarte, J. Panel presentation to the RWTF: VA Vet Center Counselors. Vet Center Readjustment Counseling Service. December 9, 2011:
  - Readjustment counseling is provided to eligible veterans and their families (slide 2)
  - For veterans who have served in combat and do not have a dishonorable discharge or their spouse or family (when services are needed for a veteran for Military Sexual Trauma, combat is not required) (slide 5)
  - They will provide 3 sessions of care to those not in combat (to mostly focus on assessment and referral)
  - VA Vet Centers offer (slide 9):
    - Individual counseling
    - Group counseling
    - Sexual trauma counseling

## **RWTF Effectiveness Results: Family Caregiver Supports**

- Marital/family counseling
  - Bereavement counseling (for surviving parents, spouses, children, and siblings of service members who die while on active duty)
  - Drug and alcohol referral
  - Employment guidance
  - Benefits assistance/referral
  - Liaison with VA & community resources
  - Provide evening and weekend hours on request (slide 13)
- Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112<sup>th</sup> Cong. (July 11, 2011)(Prepared statement of Deborah Amdur, Chief Consultant, Care Management and Social Work Service, Veterans Health Administration, U.S. Department of Veterans Affairs):
  - VA launched a new Web site on May 31, 2011 ([www.caregiver.va.gov](http://www.caregiver.va.gov)) which provides information resources for Veterans, families, and the general public
- **Other: Additional Supports for caregivers that are provided by other agencies**
  - Employment Assistance*
  - Desoto, F. and Gonzales, D. Panel presentation to the RWTF: DVOPs and LVERs. REALifelines program. December 9, 2011:
    - REALifelines (Recovery and Employment Assistance Lifelines) services are also available for: spouses of Active Duty service members who have been severely injured or disabled, family members (caregivers) who have temporarily left their jobs to be with loved ones during recovery (slide 9)
    - Services provided via DVOP (Disabled Veterans' Outreach Program) include intensive employment services, labor market information, career counseling and career guidance, job employment and short-term placement opportunities, job training, job referral, and job placement, reemployment rights information (USERRA), and referral to other federal, state, community, or faith-based community organizations to assist in addressing barriers to employment, training, or benefits (slide 8)
  - Holmes, V. (January 31, 2012). First Lady continues commitment to military families and caregivers. Retrieved February 17, 2012 from <http://warriorcare.dodlive.mil/2012/01/31/first-lady-continues-commitment-to-military-families-and-caregivers/>:
    - First Lady Michelle Obama and Labor Secretary Hilda Solis announced that the U.S. Department of Labor is issuing a notice to amend the Family Medical Leave Act (FMLA) in two ways:
      - An expanded 26 week military caregiver leave that applies to Service members and veterans with a serious illness or injury incurred in the line of duty, including those that arise up to 5 years after leaving the military (para. 2)

## RWTF Effectiveness Results: Family Caregiver Supports

- Florida State University (June 20, 2011). Florida State University announces new business ‘boot camp’ for families of veterans with disabilities. Retrieved January 18, 2012, from: <http://www.newswise.com/articles/florida-state-university-announces-new-business-boot-camp-for-families-of-veterans-with-disabilities>:
  - “Entrepreneurship Bootcamp for Veterans’ Families (EBV-F) was created to teach small-business ownership skills to family members who now serve as caregivers of military veterans with service-related disabilities, as well as spouses of those killed in action” (para. 2)
  - Idea is that small-business ownership provides a flexible “vocational and economic path” for caregivers (para. 6)
  - Florida State plans to launch the program in February 2012
  - This family program expanded on the “Entrepreneurship Bootcamp for Veterans with Disabilities (EBV)” program which was founded in 2007 at Syracuse University’s Whitman School of Management and launched in 2008 at Florida State University.

### *Other family caregiver supports*

- Munoz, K. D. Briefing to the RWTF. Quality of Life Foundation: Helping families who care for catastrophically wounded, ill, or injured Veterans. October 4, 2011:
  - Wounded Warrior Family Care Report led to creation of The Wounded Warrior Family Care Program – a program of support for family caregivers of catastrophically wounded, ill, or injured Service members where the veteran will require a caregiver for the rest of his/her life
  - They find families through the FRC or VA Case Managers if they do not have a FRC (they want to be sure the family is plugged into the proper Government resources)
  - They have 3 tiers of responses: 1) Find the resources in the community to meet the need 2) Look into their national nonprofit to see who can meet their needs 3) If they can’t find an existing response that will help the families/veteran, they can actually buy a product or service that they need. (They do not actually provide the services for the families/veterans)
  - Examples of assistance: tutoring, home furnishings, home modifications, house and lawn care, orthodontics, hearing aids, motorized power chair, home rehab equipment, peer support, books and PC for college-bound freshman, Doula services, family vacation, caregiver retreat, job search assistance, advocacy with Government Programs, Massage therapy, professional organizer services, counseling services, financial assistance for groceries, utilities, school clothes, car repair (slide 16)
- Celley, S., Munoz, K., Sawyer, A. and Weese, C. (December 15, 2011). Veteran reintegration and family member support: Supporting the veteran caregiver. Presentation to the ICF Military, Veterans, and Their Families Breakfast Series:
  - Kim Munoz, Executive Director of Quality of Life Foundation: currently working on a financial review product with the option of working with a financial manager

## **RWTF Effectiveness Results: Family Caregiver Supports**

- Andrea Sawyer, caregiver of a wounded warrior: caregiver networks are a channel through which family members can exchange information about the quality of specific providers
- Cohoon, B. Briefing to the RWTF. National Military Family Association: Transition outcomes and family caregivers. October 4, 2011: NMFA provides:
  - Scholarships for family members of Wounded Service members and fallen Service members (slide 3)
  - Healing Adventure Operation Purple Camp (slide 3)
  - A number of other services for all family members that are not exclusive to RW family members
- Cohoon, B. (n.d.). Recovering Warrior Task Force Draft Report Comments: National Military Family Association. Alexandria, VA: Author.
  - NMFA also recommends a number of information resources to FMs.
- Virginia Wounded Warrior Program: Virginia Department of Veterans Services (2012). Homepage. Retrieved April 11, 2012, from <http://www.vawoundedwarrior5.org/>:
  - The Virginia Wounded Warrior Program supports veterans of any era who are Virginia residents, members of the Virginia National Guard not in active federal service, Virginia residents in the Armed Forces Reserves not in active federal service, and family members of veterans in these categories
- Tackett, M., Fleet and Family Support Program Regional Program Manager, Commander Navy Region Mid Atlantic, personal communication to the RWTF, March 13, 2012:
  - Some of the services provided by the Virginia Wounded Warrior Program include assessment, referrals, outpatient clinical support, case management, family support, employment counseling, and links to other providers and outreach/education services
- **DS 06.04: How well utilized are family caregiver supports?**  
*DoD (See further detail about SCAADL under DS 06.02 and DS 06.03)*
  - Site Briefings to the RWTF, October 2011-March 2012:
    - Sites reported how many of the eligible family member population they have had some form of contact with (Note that contact was defined in varying ways, ranging from distributing welcome packets to making outreach telephone calls):
      - A few Army sites reported 100% “contact” with spouses when the spouse’s information is provided by RW (including OCONUS)
      - Another site estimated 95%
      - One site reported about 85% for welcome packets distributed
      - A CBWTU site’s estimate was much lower at 30%
      - Marine Corps: estimated 100% at both sites, though one site noted that single Marines may opt not to share information with parents or extended family
  - Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012: Air Force Special Compensation for Assistance with Activities of Daily Living:

## **RWTF Effectiveness Results: Family Caregiver Supports**

- 11 applications received as of 31 January 2012
- 10 receiving benefits as of 31 January 2012
- CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012: Navy and Coast Guard Special Compensation for Assistance with Activities of Daily Living:
  - 24 Navy / 0 USCG applications had been received as of 31 January 2012
  - 20 Navy / 0 USCG Service members were receiving SCAADL payments as of 31 January 2012
- Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012: Marine Corps Special Compensation for Assistance with Activities of Daily Living:
  - 194 Marine Corps SCAADL packages processed as of 31 January 2012:
    - 8 appeals pending
    - 178 rate SCAADL (10 Reservists/168 Active Duty)
    - 16 rated at zero
    - Average monthly compensation: \$1,130
    - Tier rating: 54 High, 38 Medium, 86 Low
- Army Warrior Transition Command (WTC) (March 2, 2012). WTC response to the Department of Defense Task Force on the Care, Management and Transition of Recovering Wounded, Ill and Injured Members of the Armed Forces (RWTF) request for information (Memorandum submitted to RWTF). Alexandria, VA: Author: Army Special Compensation for Assistance with Activities of Daily Living:
  - 258 Army applications for SCAADL had been received as of 31 January 2012
  - 231 Soldiers were receiving SCAADL payments as of 31 January 2012**VA (See further detail about Caregiver Program under DS 06.02 and DS 06.03)**
- Medve, J., Executive Director, Office of the VA-DoD Collaboration within the Office of Policy and Planning, U.S. Department of Veterans Affairs, personal communication to the RWTF, January 13, 2012:
  - As of January 10, 2012, 4,575 applications have been filed:
    - 2,671 approved (1,250 Tier 3/highest level, 869 Tier 2, and 552 Tier 1/lowest level)
    - 763 still in process
    - 692 disapproved
    - 449 withdrawn by caregivers
    - Reasons for applications being disapproved include pre-9/11 veterans (149), veterans with administrative issues such as those without a date of discharge (194), clinically ineligible veterans (209), and ineligible veterans such as those who have sought other long-term care solutions (112), ineligible caregivers (21), and deceased veterans (7).

## RWTF Effectiveness Results: Family Caregiver Supports

- **DS 06.04: What prevents higher utilization of family caregiver supports?<sup>1</sup>**

- Site Briefings to the RWTF, October 2011-March 2012:
  - CONUS: Sites reported barriers to utilization including the remote location of FMs, caregiver fatigue, logistical challenges (work or school schedules make attending difficult, may have only one vehicle, etc.), and a lack of awareness and/or understanding of programs and services.
  - Two Army sites reported additional barriers related to participation in FRGs: spouses have different outlooks regarding FRGs – some have positive experiences with previous FRG and remain active in that FRG, some have negative experiences with previous FRG and are unwilling to try a new FRG, some know that RW will be leaving the military and are not interested in attending FRG functions. (Note: Circumstances such as these seem to raise questions about the applicability/usefulness of the FRG model with this population.)
  - RC sites identified the primary obstacle as the geographic dispersion of Guard families, which constrains face-to-face and personal contact from National Guard providers, creates transportation and financial demands, and requires that families rely on civilian community resources that may or may not be familiar with the military experience and culture. One JFHQ noted that it can be difficult to maintain current contact information for family members as well as Guard Members. These observations apply to family support across the GM community, not just the RW sub-population.
  - Another JFHQ characterized the lack of a specialized expert in RW matters as a barrier to utilization of family supports by RW family members. (Note only one JFHQ said it has a dedicated RW Family Assistance Coordinator.) CBWTU: remote location of FMs limits how many attend musters/town halls and briefings at musters (they note that FMs more likely to attend musters in the summer than during the winter and school year)

### *Service member preferences and HIPAA Concerns as Barriers to Utilization*

#### **DoD**

- Site Briefings to the RWTF, October 2011-March 2012:
  - Many sites reported contacting FMs only if RWs provide their contact information
- Army WTC (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance (CTP-G). Alexandria, VA: Author.
  - The SL or CBWTU is required to counsel Soldiers on their eligibility or ineligibility for transfer to CBWTU. The provided “Developmental Counseling Form” allows Soldiers to indicate whether or not they wish to have their family involved in their care plan. Thus, the Service member may choose to prevent the family member’s involvement.

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<sup>1</sup> Certain barriers to utilization are resource barriers or activity barriers. They are grouped here under outputs in order to tell a cohesive story about utilization.



## **RWTF Effectiveness Results: Family Caregiver Supports**

- COL Bair, D., COL Scott, S. and Emerich, S. Briefing to the RWTF. Warrior Transition Command cadre training. December 9, 2011:
  - The line is “fuzzy” between keeping the family member informed and protecting the desire and wishes of that individual Soldier – sometimes they have family members on official NMA orders who the Soldier wants nothing to do with

### **VA**

- Weese, C. Briefing to the RWTF. Federal Recovery Care Program. February 21, 2012:
  - Within the FRC Program, the perspective is that FRCs are supposed to be working with the client/RW
  - If RW wants them to work with a caregiver, they have to tell FRC to call them or FRC will call the RW
  - They will not contact the family member without the RW’s permission
  - In the VA in all records they have a next of kin or a power of attorney designation right on the first page in the electronic health record
- Ramos, M. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Federal Recovery Coordination Program. December 8, 2011:
  - Early on, FRCs talk to the Service member to get permission to contact the family member
  - FRCs view the Service member and family as a unit
- Ray, L. and Santiago, Y. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: VA Liaisons for Healthcare. December 8, 2011:
  - VA Liaisons obtain verbal permission from the Service member to meet with the family caregiver (slide 5)
  - The family caregiver is contacted by telephone and invited to the interview (slide 5)
  - When Service member says, “no, you cannot contact my family member,” they work very hard with the patient and encourage them to bring the family member in for a conference with them or to allow them to contact the family member to help them understand the RW’s medical needs and help them understand what the caregiver may not be able to handle on their own
- Ray, L. and Alms-Chapa, T. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: OEF/OIF/OND Case Managers. December 8, 2011:
  - Invite Service member/Veteran to provide caregiver or family contact information to the team (slide 5)
  - Typically invite the caregiver to attend before the Service member leaves Active Duty
  - If Service members do not give permission to contact their family member, the OEF/OIF/OND Case Managers will address this constantly as they feel social interactions with family members are key



## **RWTF Effectiveness Results: Family Caregiver Supports**

- It is rare that they do not get to communicate with the family member because they encourage the Service member to allow them to contact the family member in order to see if they qualify for the stipend, etc.
- Even without permission from the Service member, they still have the other option of speaking to the caregiver about the caregiver's own needs, although the provider cannot disclose any healthcare information regarding the Service member. (Note: This is an important distinction that fewer DoD briefers mentioned.)
- If they cannot reach the Service member, the providers are allowed to contact the emergency contact or next of kin to ask them to have the Service member call them. If the family member they called engages the provider in a conversation about who the provider is, then the provider can tell them who s/he is and what s/he can do for them.
- Jules, D. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: Polytrauma Case Managers. December 8, 2011:
  - Due to complex nature of cases that Polytrauma Case Managers work with, family members tend to be involved and easily contacted
  - In particular, when Active Duty RWs receive services, their family members tend to be present
  - When working with veterans it can be more difficult to contact family members
  - Family members are invited to a tour and orientation of VA as well as many other aspects of care (slide 6)

## RWTF Effectiveness Results: Family Caregiver Supports



- DS 06.01: How do you define success for family caregiver support? What performance measures/accountability systems do you have to measure success? How successful is family caregiver support according to these measures/systems?
- DS 06.07: How satisfied are customers (RWs/FMs) with the effectiveness of support for family caregivers?

- **DS 06.01: How do you define success for family caregiver support? What performance measures/accountability systems do you have to measure success? How successful is family caregiver support according to these measures/systems?**  
**DS 06.07: How satisfied are customers (RWs/FMs) with the effectiveness of supports for family caregivers?**
  - RWTF family member focus group results, October 2011-March 2012:
    - Overall Theme: Nurse case manager, also referred to as case manager, was mentioned most consistently as the most valuable team member (Theme in 3 sessions, NTF in 2 sessions). However, FMs did not differentiate whether NCMs were valuable to them and/or their RW.
      - Interview findings: one participant noted that the nurse case manager was a helpful member of the team.
    - Overall Theme: However, some family members reported or implied that the nurse case managers, also referred to as case managers, were not as helpful as they could be (Theme in 2 sessions).
      - SOCOM family members implied that nurse case managers are members of their team that could have been more helpful (Theme in 1 session); two of these FMs reported that they cannot identify who their RW's nurse case manager is, one FM reported that s/he does not know what a case manager is, and one FM reported high turnover of nurse case managers while at the hospital.
      - Marine Corps family members in 1 session reported that case managers are helpful for the RW, not the family member (Theme in 1 session).
    - Overall Theme: Squad leaders and section leaders were also mentioned frequently (Theme in 2 sessions, NTF in 1 session). However, FMs did not differentiate whether NCMs were valuable to them and/or their RW.
      - It is also worth noting that of all the cadre and staff that play roles in the unit within the chain of command, only squad leaders and section leaders were identified consistently by FMs in response to this question about the most valuable team member during recovery. Also, within the Marine Corps and Air Force sessions, the RCC was not mentioned consistently by FMs.

## **RWTF Effectiveness Results: Family Caregiver Supports**

### *Unmet family member needs*

- Overall Theme: Need for additional information for FMs/additional communication with FMs (Theme in 3 sessions).
  - FMs reported that there is a lack of information provided to them.
  - One FM reported that this lack of information occurs unless the FM is able to attend every appointment (which is difficult due to having children and/or a job).
  - FMs also reported that they often rely on their RWs to bring information to them but that RWs often do not have this information either, may forget the information, and/or do not want to share the information with family members so FMs reported that direct communication with FMs is needed.
  - One FM reported that spouses are not aware that they can attend the RW's appointments and/or meetings, are not invited, and/or do not feel welcome if they do go.
  - FMs reported that they do not know who to call for information.
  - The information FMs reported needing included guidance on what to expect next, what medications their RW is on, information on the recovery process, and information about available resources (such as SFAC, FRG within the WTUs, etc.).
  - One FM reported that improved communication about available resources is particularly important for people that live off-post.
  - One participant also noted that there was no family integration training.
- Overall Thread: FM need for additional support (Theme in 1 session, NTF in 2 sessions).
  - FMs reported needing additional support at various points in the process, including at the initial time of injury/medevac and while in the WTU.
  - One FM reported that the cadre do not provide support to the FM, which s/he attributes to the fact that they are not educated/trained enough to do their job and cannot provide this information either or that they may not care.
  - One FM also noted that the cadre take no responsibility to ensure the Warrior Support Group's needs are met.

### *Supports family member participants have been using*

- Overall Theme: Focus group participants identified a wide variety of supports and benefits, including support programs and support providers (Theme in 5 sessions, NTF in 3 sessions).
  - Interview findings: participants had received brochures and/or heard about the FRG (although another participant indicated s/he had not heard of FRG). One participant also identified veterans service organizations (VSOs) that have been helpful.

## **RWTF Effectiveness Results: Family Caregiver Supports**

- The most commonly mentioned resources by focus group participants (some of them Service-specific) included the Semper Fi Fund, housing (such as the Fisher house), the FRG, the FRO, the SFAC, the Airmen and Family Readiness Center, and the opportunity to attend briefings and appointments. Less commonly mentioned resources included other spouses, the Family Support Coordinator, the AW2 Advocate, USCares, the Wounded Warrior Foundation and Angels with Soldiers, the MFLC, the PEBLO, the Navy Relief Society, Deployment Help, Mental Health, and Childcare.

### *How participants learned about the resources they reported using*

- Overall Thread: FMs reported learning about these resources from various providers (Theme in 1 session, NTF in 4 sessions).
  - Interview findings: one participant reported receiving information from the non-medical care (i.e., case) manager.
  - Providers reported by FMs in the focus groups included the FRO, the Semper Fi Fund Coordinator, AW2 Advocate, Nurse Case Manager, Squad Leader, and Care Coalition Liaisons.
- Overall Thread: FMs reported learning about these resources from FM's own research on-line and/or FM seeking information on own (Theme in 1 session, NTF in 2 sessions).

### *Extent to which the resources they reported using meet family member needs*

- It was not unusual for participants at the same location and for the same participants to report that some resources were helpful/meeting their needs while others were not helpful/not meeting their needs. Similar numbers of FMs reported that these resources were helpful as those who reported that these resources were not helpful for them – though slightly more fell into the “helpful” side.
- Overall Theme: Meeting needs/helpful (Theme in 2 sessions, NTF in 2 sessions)
  - Individuals/ programs mentioned as meeting needs included the FRO, Semper Fi Fund, MFLC, PEBLO briefing, and non-specified resources.
  - Specific reasons provided for why these were helpful included providing RWs with tools/grants, helping FMs with NMA items, providing resources, and providing education/information.
- Overall Thread: Not meeting needs/not helpful (Theme in 1 session, NTF in 2 sessions)
  - Individuals/ programs mentioned as not meeting needs included non-specified resources and Military OneSource.
  - Specific reasons provided for why these were not helpful included that the non-specified resources taking too long and/or too much work by the FM and/or RW to obtain and Military OneSource being disorganized and not meeting needs for counseling. Two family members reported unsuccessfully seeking counseling through Military OneSource, recounting experiences including the counselors failing to return calls

## **RWTF Effectiveness Results: Family Caregiver Supports**

when they said they would, a long wait list (a month and a half), scheduling mishaps, and being told the RW could not be referred to a counselor because the FM was already seeing one.

*What has prevented them from taking fuller advantage of available resources*

- Overall Theme: FMs frequently reported that not knowing about available supports and benefits prevents them from taking fuller advantage of them (Theme in 3 sessions, NTF in 3 sessions).
  - Interview findings: one participant noted that family members need more information – that current supports are insufficient.
    - ♦ Other barriers that were mentioned less frequently included:
    - ♦ The length of time it takes for assistance and the number of people FMs are sent to for assistance
    - ♦ Lack of child care
    - ♦ Scheduling issues, including difficulty scheduling family programs and meetings when FMs prefer them (since some FMs prefer during work hours and others prefer after work hours) as well as limited operating hours for resources
    - ♦ Transportation issues
    - ♦ FMs at remote locations lack access to high-ranking individuals for support
    - ♦ Being treated like family member involvement is a privilege rather than the norm
    - ♦ FM chose not to use some resources
    - ♦ Some resources are too expensive
    - ♦ Previous negative experiences with resource(s)
    - ♦ Some resources require the FM to rely on the RW or bring the RW with them rather than allowing the FM to use the resource on own
    - ♦ One FM reported that s/he knew about the existence of a resource but not about what specific services they offer

*Family member Awareness of/Presence of RCCs, FRCs, AW2 Advocates, and/or AFW2 Advocates*

- Overall Theme: FM participants at all 4 of the Army sessions reported not being aware of and/or not having RCCs (Theme in 4 sessions). It should be noted that the absence of experience with RCCs for Army participants is expected since Active Duty Army does not have staff identified as RCCs.
- Overall Theme: More than half of the Marine Corps FM participants reported having heard of RCCs and/or implied that their RW has one (Theme in 2 sessions).
  - One FM in the Air Force session and one FM in the Navy SOCOM session reported that their RW either has an RCC or might have an RCC (2/6).
- Overall Theme: Most family members reported that they do not know of the FRC program, do not recognize the terms, and/or that their RW does not have an FRC

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(Theme in 7 sessions). It should be noted that the absence of experience with FRCs among these participants may be a reflection of their ineligibility and/or not having been referred for evaluation/entrance into the FRCP.

- Overall Theme: family members in 2 Army sessions reported that they have heard of the AW2 Advocate, though some did not know whether or not their RW was in the program (Theme in 2 sessions).
  - Family members in one session did not recognize the term (Theme in 1 session).
- Out of 2 sessions, 7/11 reported having an AW2 Advocate (Theme in 1 session, NTF in 1 session).
- In the only Air Force session, both family members reported that their RW had an AFW2 Advocate for part of the process (Theme in 1 session).

### *Extent to which NMCMs meet family member needs*

- Participants provided mixed reviews of the helpfulness of these personnel, particularly RCCs. It was not unusual for participants at the same location and for the same participants to report that in some ways, RCCs were helpful/meeting their needs while in other ways, they were not helpful/not meeting their needs. Similar numbers of FMs reported that these services were helpful as those who reported that these services were not helpful for them.
- Overall Theme: Meeting needs/helpful (Theme in 2 sessions, NTF in 1 session).
  - Individuals mentioned by FMs as meeting their needs included the AW2 Advocates and RCCs.
  - Specific reasons provided for why these individuals were helpful included providing information, answering questions, and following-up with FMs.
- Overall Theme: Not meeting needs/not helpful (Theme in 2 sessions, NTF in 1 session).
- RCCs were mentioned by FMs as not being as helpful as they could be or simply not meeting FMs' needs. Specific reasons mentioned for why these individuals were not helpful included not providing FMs with information, providing information only about social events, not reaching out to the FM, only providing FMs with information if FMs ask the RCC in-person, infrequent FM contact by RCCs, FM lack of awareness that the RW had an RCC, the RCC not knowing that the RW was assigned to him/her, and the RCC making mistakes in RW's care.

### *Extent to which chain of command meets family member needs*

- Most FMs reported that their needs and/or their RW's needs are not being met effectively by the unit chain of command.

#### *Family members' needs*

- In response to this question, some family members made it clear that they were speaking about their needs as opposed to their RW's needs.
- Overall Theme: FMs in 4 sessions reported that the chain of command does not meet their needs and/or could meet their needs more effectively (Theme in 2 sessions, NTF in 2 sessions).

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- Specific reasons provided included that the cadre's priority is the RW and not the FM, that no information is received directly from the chain of command, and that family members are not welcomed into/supported as being a part of the recovery process.

### *Extent to which line units and transition units meet RWs' needs and/or FMs' needs*

- Overall Theme: FMs also reported that the line unit chain of command does not meet their needs and/or their RW's needs [Note: it is unclear whose needs are being discussed] (Theme in 2 sessions, NTF in 2 sessions).
  - FMs reported specific reasons including the belief that line unit leaders are focused on numbers for deployment (which FMs tie to line unit leaders accusing RWs of malingering and deploying RWs with a physical injuries/illnesses that then become worse), lack of respect for and poor treatment of RWs, and the existence of a stigma that RWs are trying to get a "welfare check" from the military, which deters line unit leadership from completing an RW's paperwork for entry into a transition unit.
- Overall Thread: FMs reported or implied that the transition unit chain of command does not meet their needs and/or their RW's needs [Note: it is unclear whose needs are being discussed] (NTF in 3 sessions).
  - Specific reasons reported by FMs included that the chain of command provided too many different opinions on the RW's care/plan, that they do not provide assistance unless there is a crisis, and that the WTU did not provide information to the RW/FM, requiring them to seek it from another Soldier instead.

### *Extent to which Comprehensive Recovery Plan/Comprehensive Transition Plan meets family member needs*

- Overall Theme: Many FMs reported that they have not heard of the CRP/CTP and/or are uninvolved with it (Theme in 5 sessions)
- Overall Theme: Some FMs at other locations reported that they have heard of the CRP/CTP (Theme in 2 sessions).
  - Interview findings: one participant mentioned having heard that the CTP exists, but did not know anything else about it.
  - One FM focus group participant noted that s/he knew what the CTP was because s/he attended all of his/her RW's appointments (as s/he had a severe TBI and could not be left alone). Three FMs at one location were unfamiliar with the term "CTP" but were familiar with it once it was described. [Note: there was some confusion among these participants between the CTP and the CMAP (Comprehensive Medical Action Plan) which is a site practice.]
- Overall Theme: FMs reported that the CRP/CTP does not help them as a caregiver (Theme in 2 sessions, NTF in 2 sessions).
  - Specific reasons reported by FMs for why the CRP/CTP is not helpful to them included because FMs believed there would be reprisals for speaking out in the CTP (implying that this tool is not helpful because

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their RWs cannot be honest), because it is not kept current, because the FM is not updated on new material put on the CTP, because it does not address all areas that the FM believes the RW needs to work on, because some RWs do not want their spouses to know the information on their CTP, and because there is a lack of follow-up.

### *Extent to which Information Resources meet family member needs*

- It was not unusual for some participants at the same location to report that they did not receive consolidated reference information while other participants reported that they did receive information resources in some form. Similar numbers of FMs reported that these resources were not provided to them as those who reported that they were – though slightly more reported that they were not provided information resources.
- Overall Theme: FMs reported or implied that no consolidated reference information was provided to them (Theme in 3 sessions, NTF in 3 sessions).
- Overall Theme: FMs reported getting some information. FMs reported that they received different types of information/resources (Theme in 2 sessions, NTF in 4 sessions). The resource mentioned most frequently was an envelope/folder/binder with information/resources for FMs that was given to the RW and/or the FM.
  - Some FMs reported that their resources included information on the medical board process, patient rights, or VA compensation.
  - One FM reported that information was provided on aftercare and benefits.
  - One FM reported that her RW threw away the welcome binder s/he was given before the FM arrived.
  - Sources of the information provided identified included the RW's in-processing, RW's classes, the FRO, and medical providers.
  - One FM reported that because s/he is a Warrior Support Leader, s/he was given information.
- Many responses to the previous question imply that family members were proactively provided information.
  - However, two FMs reported that they did not receive any information and had to seek it out on their own (NTF in 2 sessions). One of these FMs reported volunteering with the FLO in order to obtain information.
- Overall Thread: FMs who did receive information reported that it did not meet their needs and/or could have been improved (Theme in 1 session, NTF in 2 sessions).
  - FMs reported or implied multiple reasons that their needs were not met by the information resources provided to them, including receiving limited information, not receiving all of the information provided since the RW threw some of it away before the FM arrived, and receiving information that was not applicable for his/her RW.



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- Overall Thread: Two of the same FMs, as well as one other, reported that the information they received was helpful for them (NTF in 3 sessions).
  - While no Overall Themes or Overall Threads emerged, participants identified various barriers to using information, such as lack of childcare, time, and trust in the system. Results for a previous question suggest another barrier to using information is lack of awareness.
- RWTF Iowa Army National Guard RW, family member, and medical management provider focus group results, March 2012. (20 case managers/administrative staff, 13 RWs, 5 family members)
  - FMs identified family impacts of the medical management process
    - Two spouses told of the profound financial and emotional hardship the RW and family experienced when AD orders expired and pay ended before the RW was physically incapable of working at a civilian job. This had already happened twice to one of the families, despite the RW's efforts to alert the unit, and they feared it could happen again.
    - The parent of a Soldier who became ill while deployed and who continues to receive intensive treatment reported receiving no CM support. (The focus group was the first contact.)
    - One spouse indicated her children are very affected by the difficulties their Soldier/family is experiencing
- RWTF family member mini-survey results, October 2011-March 2012: (Note: Iowa participants are not included in the mini-survey results presented below):
  - 8/44 family member respondents indicated that their Service member is working with an RCC (22 unsure, 14 not working with an RCC)
  - 0/39 family member respondents indicated that their Service member is working with an FRC (17 unsure, 22 not working with an FRC)
  - 17/42 family member respondents indicated that their Service member is working with an AW2 Advocate (10 unsure, 15 not working with an AW2 Advocate)
  - 21/40 family member respondents indicated that their Service member is working with unit chain of command (12 unsure, 7 no)
  - 1/40 family member respondents indicated that their Service member is working with AFW2 NMCM (8 unsure, 31 not working with AFW2 NMCM)
  - 5/41 family member respondents indicated that their Service member is working with SOCOM Care Coalition Liaison (20 unsure, 16 not working with SOCOM Liaison)
  - 3/40 family member respondents indicated that their Service member is working with SOCOM Care Coalition Advocate (19 unsure, 18 not working with SOCOM Advocate)

## RWTF Effectiveness Results: Family Caregiver Supports

### Family members' assessment of RCC/NMCM helpfulness (RWTF FM Mini-Survey Results)

	Not At All Helpful	A Little Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
RCC (8/8)	1	2	2	3	-
AW2 Advocate (17/17)	1	1	4	5	6
Unit COC (20/21)	1	5	4	7	3
AFW2 NMCM (1/1)	-	1	-	-	-
Care Coalition Liaison (5/5)	-	-	-	1	4
Care Coalition Advocate (3/3)	-	-	-	-	3

### Family members' satisfaction with the military's support for their family for each stage of the Service member's treatment and recovery (RWTF FM Mini-Survey Results)

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
Support getting you to the member's bedside after you were notified (22)	5	1	4	6	6
Support while member undergoes inpatient care (33)	7	6	4	9	7
Support during outpatient care or partial hospitalization (39)	6	10	6	9	8
Support during follow-up care (32)	6	8	5	7	6

## RWTF Effectiveness Results: Family Caregiver Supports

### Family members' Satisfaction with the military's support for their family (RWTF FM Mini-Survey Results)

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
Overall Support (46)	8	8	9	13	8
Finances (37)	6	7	9	9	6
Logistics (30)	3	5	6	15	1
Condition of facilities (43)	2	3	11	18	9
Emotions (41)	14	9	8	6	4
Assistance/ advocacy (40)	10	5	14	8	3
Helping children cope with SM's injuries (30)	13	5	9	2	1

\*In addition to the responses above, there were 'does not apply' responses including: 0 for overall support, 9 for finances, 10 for logistics, 1 for facilities, 3 for emotions, 4 for assistance/advocacy, and 14 for helping children cope.

- 18/46 family member respondents had first-hand experience with medical care case management (10 unsure, 18 no)
- 13/45 family member respondents had first-hand experience with services for TBI (3 unsure, 29 no)
- 19/45 family member respondents had first-hand experience with services for PTSD (3 unsure, 23 no)
- 6/44 family member respondents had first-hand experience with legal support for recovering Service members and families (8 unsure, 30 no)
- 5/46 family member respondents had first-hand experience with vocational training for transition to civilian life (5 unsure, 36 no)
- 8/44 family member respondents had first-hand experience with DES (10 unsure, 26 no)
- 16/46 family member respondents had first-hand experience with PEBLO (7 unsure, 23 no)
- 5/46 family member respondents had first-hand experience with DTAP (16 unsure, 25 no)

## RWTF Effectiveness Results: Family Caregiver Supports

### Family members' assessment of helpfulness with programs/services (RWTF FM Mini-Survey Results)

	Not At All Helpful	A Little Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
MCCM (18/18)	1	2	6	5	4
TBI (13/13)	3	3	4	1	2
PTSD (18/19)	5	5	7	-	1
Legal support (4/6)	-	2	1	-	1
Vocational Training (5/5)	1	2	-	1	1
DES (7/8)	1	1	2	3	-
PEBLO (16/16)	2	7	2	3	2
DTAP (5/5)	1	-	1	2	1

- RWTF RW mini-survey results, October 2011-March 2012:
  - 12% (19/155) RWs indicated they have used support for family caregivers (6% unsure, 82% no)

### RWs' assessment of support for family caregivers' helpfulness (RWTF RW Mini-Survey Results)

	Not At All Helpful	A Little Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
Support for family caregivers (18/19)	-	22% (4)	11% (2)	28% (5)	39% (7)

- Site Briefings to the RWTF, October 2011-March 2012: Army and Air Force sites:
  - How define success: satisfaction with services, increase in service use
  - Measures of success: customer surveys, increase in numbers of visits, phone calls, emails and use of services
    - Note that 2 Army sites reported that they have no feedback other than informal feedback (one of these sites is a CBWTU)
  - How successful: not addressed
- Site Briefings to the RWTF, October 2011-March 2012: Marine Corps sites:
  - How define success: customer satisfaction
  - Measures of success: Outcall interviews with RWs and family members; one site has a poll on eMarine on "how we can improve the family readiness program" but to date no responses. This poll does not appear to be specifically for the RW community or for RW family members. In the past, the Regiment has administered surveys "but the families felt they were being over-surveyed"
  - How successful: not addressed

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- Site Briefings to the RWTF, October 2011-March 2012: JFHQs:
  - How define success: satisfaction
  - Measures of success: One JFHQ makes monthly telephone calls to family members for 6 months following each deployment. Another JFHQ conducts monthly communications (method is unclear). In both cases, we infer these are their methods for assessing and addressing family need and that they are used with all members of the GM community, not just the RW sub-population.
  - How successful: not addressed
  - How define success: contact with family members
  - Measures of success: attempted and completed contact with family members
  - How successful: All three JFHQs indicated they have had contact, or have attempted contact, with 100% or near 100% of the eligible RW family member population. Because “contact” can be loosely defined (e.g., mass mailing, spoke with GM rather than family member, and so forth), this figure has limited meaning.
- Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012:
  - The RAND Corporation’s Project Air Force has completed a Warrior and Survivor Care Survey that will provide information on the awareness of, and satisfaction of the CRP among Air Force RWs/FMs
    - Survey completed in October 2011
    - Release of complete report and data was expected Spring 2012
- Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012:
  - How define success: RW satisfaction with care coordination staff
  - Measure of success: 2010 Care Coordination Survey, 2012 Care Coordination Survey
  - How successful: 2010 Care Coordination Survey Results: (Note: it is unclear if family members were also survey participants but we assume they were as some family member satisfaction data was reported below)
    - Awareness of CRP was low; however, those Marines and families with a CRP indicated that they were satisfied with their plan
    - Findings revealed needs, currently being addressed:
      - ◆ Increasing strategic communication of VA benefits (eBenefits Fact Sheet)
      - ◆ Increasing CRP awareness among RWs & families, staff – launching a campaign similar to “got milk” advertisements about the CRP
      - ◆ Social media outreach on caregiver support, support for children of wounded, ill, and injured Marines, and Reserve support
  - How successful: 2012 Care Coordination Survey Results:
    - Respondents were satisfied / very satisfied with the Section Leader’s (81%) / RCC’s (77%) ability to provide support to family members

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- Respondents attending the following programs provided and / or coordinated by the FRO / FSC found them to be useful:
  - ♦ Care for the Caregiver (83% useful / very useful)
  - ♦ Chaplains Religious Enrichment Program (CREDO) (88% useful / very useful)
  - ♦ Couples Retreat (87% useful / very useful)
  - ♦ Financial Management and Budget Planning Workshop (88% useful / very useful)
  - ♦ Lifeskills (87% useful / very useful)
  - ♦ Prevention Relationship Enhancement Development Operations (82% useful / very useful)
  - ♦ Post-Traumatic Stress Disorder / Traumatic Brain Injury Workshop (79% useful / very useful)
  - ♦ L.I.N.K.S. for Kids (85% useful / very useful)
  - ♦ Legal Support, Considerations, and Resources Workshop (83% useful / very useful)
- Marine Corps WWR FITT Research and Analysis Cell (n.d.). Research fact sheet: 2012 care coordination survey. Quantico, VA: Wounded Warrior Regiment:
  - Details about survey:
    - Purpose: measure effectiveness of SL, RCCs, call center, Battalion Contact Cells, FROs, Family Support Coordinators, DISCs
    - Surveyed population: wounded, ill, and injured Marines joined to or supported by the WWR (Note: it is unclear if family members were also survey participants)
    - Fielded Dec 6, 2011 to Jan 11 2012; 717 surveys completed (out of 7290, 10% response rate), web-based
  - Results of survey:
    - Trend analysis showed an increase in RW satisfaction levels in these areas:
      - ♦ Satisfaction with WWR staff, including FRO, WWR Call Center
      - ♦ Satisfaction with the level of information provided/ability to provide information
      - ♦ Satisfaction with ability to provide support to family members
    - Over 75% satisfied with amount of contact with care coordination element (SL, RCC, DISC, Call Center, FRO/FSC)
    - Overall satisfaction:
      - ♦ 83% satisfied overall with DISC
      - ♦ 79% satisfied overall with Call Center/Contact Cell
      - ♦ 70% satisfied overall with FRO/FSC
    - Descriptions of relationship with care coordination elements as caring, helpful, available, supportive, professional, responsive
    - Area identified for improvement:
      - ♦ Staff communication with RWs

## **RWTF Effectiveness Results: Family Caregiver Supports**

- Steps to address areas identified for improvement:
  - ♦ Increasing RW and family access to information (social media, fact sheets, web-based reference center)
- CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012:
  - How define success: satisfaction
  - Measures of success: surveys, verbal feedback
    - Annual customer satisfaction survey currently being fielded
    - Bedside survey
  - How successful: (Note: 2011 survey was being fielded as of early 2012 so results are not available for inclusion here.) Implemented following as a result of previous survey results:
    - Developed a QTLY family/caregiver newsletter
    - Hosted first Family Symposium
    - Developed a robust family/care giver resource package
    - Implemented SCAADL
- Navy Safe Harbor Public Affairs (January 4, 2012). Navy Safe Harbor surveys measure wounded warrior, family satisfaction. Retrieved February 15, 2012, from [http://www.navy.mil/search/display.asp?story\\_id=64630](http://www.navy.mil/search/display.asp?story_id=64630): (See NMCM effectiveness results document)
  - Navy Personnel Research, Studies, and Technology division of the Bureau of Naval Personnel administered annual survey of Safe Harbor enrollees and caregivers beginning the week of January 3, 2012, over 8 weeks
  - Distributed to over 750 Service members and families
  - Questions included:
    - Frequency of communication with NMCMs
    - Responsiveness & reliability of NMCMs
    - What respondent likes best about Safe Harbor
    - What respondent would like to change about Safe Harbor
    - Whether respondent would recommend Safe Harbor to others
  - Navy used previous results (2010) to create the September 2011 Wounded Warrior Family Symposium, where RWs and families shared stories and recommendations with Safe Harbor staff
  - Results will be released to public approximately summer 2012.
- COL Kerr, L., LTC Parmenter, M., and MAJ Smith, P. Briefing to the RWTF. Iowa JFHQ. February 22, 2012:
  - National Guard RW programs and services are “adequate, however convoluted and confusing to the Soldier and Family” (slide 9)
- Bannick, R.R. Briefing to the RWTF. TRICARE Management Activity telephone survey of ill or injured Service members post-operational deployment. February 21, 2012:

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- Telephone survey administered to 5 cohorts of Service members returning from operation deployment with a documented need for health care services (nearly 80% Army); identified through:
  - Aeromedical evacuees from operational theaters
  - Referred to VA for care following return from operational deployment
  - PDHA – in use currently
  - PDHRA - in use currently
  - Aerovac follow up at one year
- Administered monthly for 50 months so far with 42% response rate overall; moving to quarterly administration, possibly ending in Sep 2012
- Satisfaction with transportation to medical care, medical claims, support for visiting family and friends, personnel orders, pay issues, and patient and family needs assessed in this survey; results indicate:
  - No significant change in unfavorable or favorable responses for Non-Medical Attendees since Q4 FY08
  - Statistically significant differences in responses to question of support to family and friends among the following demographic variables: Service, cohort, age group, pay grade, and component
  - Statistically significant differences in responses to question of meeting needs of family and friends among the following demographic variables: Service, cohort, age group, pay grade, and component
- WWCTP (January 5, 2012). Integrated disability evaluation system (IDES) program: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author.
  - IDES Satisfaction Survey administered by the Defense Manpower Data Center (DMDC) to IDES participants from January 2008 to September 2011.



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### Family Member Survey

#### Family Member Question 11:

*During the Disability Evaluation System process, to what extent was the Disability Evaluation System program staff (e.g., Physical Evaluation Board Liaison Officer [also known as the PEBLO] and the Military Services Coordinator [also known as the VA MSC]) who were managing your family member's case helpful to you? Would you say...*

	Not at all helpful	Slightly/ Somewhat helpful	Helpful/ Very helpful
Army - Active	46%	22%	32%
Army - Guard	29%	41%	29%
Army - Reserve	37%	29%	34%
Total Army	44%	24%	32%
Navy - Active	60%	11%	29%
Navy - Reserve	NR	NR	NR
Total Navy	59%	10%	31%
Marine Corps - Active	54%	20%	26%
Marine Corps - Reserve	NR	NR	63%
Total Marine Corps	51%	21%	28%
Air Force - Active	40%	29%	31%
Air Force - Guard	NR	NR	NR
Air Force - Reserve	NR	NR	NR
Total Air Force	40%	26%	34%

- For the Active Duty population, 26%-32% of WII family members in each of the Services indicated the Disability Evaluation System (DES) program staff (e.g. the Physical Evaluation Board Liaison Officer and the Military Services Coordinator) was helpful or very helpful to them (see table above)
- Over half of active Navy (60%) and active Marine Corps (54%) WII family members indicated the DES program staff was not at all helpful to them; 46% of the Active Army family members and 40% of the active Air Force family members indicated the same
- 63% of the Marine Corps Reserve family members indicated that the Disability Evaluation System (DES) program staff was helpful or very helpful to them (versus 26% Active Duty Marine Corps)
- 29% of the Army National Guard family members and 34% of Army Reserve family members indicated that the Disability Evaluation System (DES) program staff was helpful or very helpful to them (versus 32% Active Duty Army)
- Overall, family members typically expressed a lower rate of satisfaction than RWs with the helpfulness of Disability Evaluation System (DES) program staff to them

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- Celley, S., Munoz, K., Sawyer, A. and Weese, C. (December 15, 2011). Veteran reintegration and family member support: Supporting the veteran caregiver. Presentation to the ICF Military, Veterans, and Their Families Breakfast Series:
  - Munoz, Executive Director of Quality of Life Foundation: to verify services are working, use weekly coordination, strong training, surveys of family caregivers, surveys of DoD/VA CMs, and surveys of local businesses/non-profits
- DoD OIG (September 30, 2011). Special plans and operations: Assessment of DoD Wounded Warrior matters – Fort Drum. Washington, DC: Author:
  - Some RWs expressed that support for families was lacking in the WTU and information was not provided to spouses
  - A few RWs believed that communication to and support for families who are not in the immediate vicinity were lacking and recommended offering support or suggestions for dealing with their RW's conditions
  - Some RWs reported that non-medical attendants were discouraged (example of WTU denying non-medical attendant request without providing an explanation why), eligibility criteria were unclear to RWs, and reimbursements for those with non-medical attendants were delayed (could take up to three months) and unclear (RWs were unsure how non-medical attendants should be paid – whether through TRICARE or the Defense Travel System)
  - No dedicated family member WTU orientation
- Joint House and Senate Committee on Veterans' Affairs to receive Legislative Presentation of the Veterans of Foreign Wars (VFW), 112<sup>th</sup> Cong. (March 7, 2012) (Witness testimony of Richard L DeNoyer, Commander-In-Chief, VFW).
  - Caregiver Support Coordinators for VA-supported caregivers not staffed effectively so caregivers are not getting the support they need
- Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112<sup>th</sup> Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
  - Husband (USMC) lost arms and legs in Afghanistan in early 2010; 1 of 3 surviving USMC quadruple amputees
  - IDES participant- not faster or more efficient for him; NARSUM sat awaiting approval for 70 days until Senator Murray got involved
  - Has an FRC she rarely saw, seemed FRC had too many cases
  - Too many care coordinators who have at times worked at odds
  - Has not gotten any information about VA caregiver program, various other VA programs & benefits
  - Her roles: caregiver, NMA, appointment scheduler, cook, driver, groomer, wife
    - Experiences a lack of support, compassion, and benefits
    - Reapplying for NMA tedious
    - Tremendous financial costs and cannot work; NMCMs have provided some information (as well as nonprofits and other families) that have helped

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- Turnover timeline for SLs is detrimental to RWs/ families; have to find help elsewhere because SL is too new to know how to help
- Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112<sup>th</sup> Cong. (July 11, 2011): the following individuals expressed concerns about implementation of the Caregiver Assistance program at the VA. Some concerns included restrictive eligibility criteria, inconsistency in how eligibility is being determined and how stipends are calculated across facilities, limited access to information about how decisions regarding the program are being made and on how to appeal anything under the program, that caregivers of veterans with serious illnesses may be excluded, and that many terms/services require clear definitions.
  - (Prepared statement of Debbie Schulz, Caregiver and Mother of OIF Veteran).
  - (Prepared statement of Anna Frese, Director, Warrior Support Program, Wounded Warrior Project).
  - (Submission for the record of Adrian Atizado, Assistant National Legislative Director, Disabled American Veterans).
  - (Submission for the record of Tom Tarantino, Senior Legislative Associate, Iraq and Afghanistan Veterans of America).
    - Some additional concerns regarding transition from DoD to the VA program included: Consultation with non-VA clinicians (i.e. DoD and third party) should occur to consider their treatment of the veteran when determining entry into the program and progress in the program
  - (Submission for the record of Barbara Cohoon, Government Relations Deputy Director, National Military Family Association).
    - Some additional concerns regarding transition from DoD to the VA program included: Starting time of the benefit problematic since waiting until the receipt of a medical separation date to start the benefit application process is too late for a seamless transition
  - (Submission for the record of Paralyzed Veterans of America).
  - (Submission for the record of Wounded Warrior Project).
- Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112<sup>th</sup> Cong. (July 11, 2011)(Prepared statement of Deborah Amdur, Chief Consultant, Care Management and Social Work Service, Veterans Health Administration, U.S. Department of Veterans Affairs):
  - The VA representative emphasized that a number of caregivers are receiving benefits and that positive feedback has been received from Veterans and their caregivers on the services being delivered
- Taylor, P., Morin, R., Gonzalez, A., Motel, S., and Patten E. (November 8, 2011). For many injured veterans, a lifetime of consequences. Retrieved January 17, 2012, from <http://www.pewsocialtrends.org/files/2011/11/Wounded-Warriors.pdf>:
  - Although this report provides comparison data with earlier veterans, the authors warn that, "Caution should be exercised when comparing survey results between

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eras...” due to differences in timing of survey, cohort differences, combat differences, etc. (p. 12)

- Among veterans who were married or had young children while serving, the following percentages said the military did an “only fair” or “poor” job of meeting the needs of their families while they were deployed:
  - 54% of injured post-9/11 veterans
  - 30% of uninjured post-9/11 veterans
  - 34% of older injured veterans
  - 21% of uninjured veterans from previous eras
- Percentages who reported having experienced strains in family relations since leaving the military:
  - 75% of injured post-9/11 veterans
  - 43% uninjured post-9/11 veterans
- **Other: What challenges exist for outcomes for family caregivers? What recommendations do you have for improvement in outcomes for family caregivers?** (See also Transition Outcomes and Reserve Component Effectiveness Documents)
  - RWTF family member focus group results, October 2011-March 2012:  
*Recommendations*
    - Overall Theme: FMs recommended increasing/improving general communication to FMs (Theme in 4 sessions, NTF in 3 sessions).
      - Specific recommendations included increasing communication to FMs, not requiring FMs to rely on RWs for information, providing new FMs a welcome brochure/packet/binder/orientation/sponsor, providing a spouse briefing/classroom instruction/video on available programs, contacting family members more frequently, having someone available to direct FMs to resources, holding meetings both during the day and in the evening so all FMs have the opportunity to get information, actively involving FMs, and checking-in on families on a monthly or bi-monthly basis.
    - Overall Theme: FMs recommended expanding and improving behavioral health resources for RWs (Theme in 3 sessions, NTF in 1 session).
      - Specific recommendations included expanding behavioral health services (to include new providers), increasing available treatment options (to include individual therapy as well as group therapy), including families in treatment, providing additional information to RWs about PTSD symptoms, improving emotional support available for RWs to cope with the unplanned shortening of their careers, providing PTSD treatment on-site, ensuring RWs receive reintegration counseling that focuses on coping with their injury/illness, and educating RWs on how to interact with others.
    - Overall Theme: FMs recommended providing additional childcare (Theme in 2 sessions).

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- Specifically, FMs reported that additional high-quality childcare is needed due to long waiting lists and a lack of open hourly drop-in slots. One FM mentioned that children should be allowed to attend the RWs' medical appointments. Another FM noted how helpful having free child care has been (NTF in 1 session).
- Overall Thread: FMs also recommended increasing education, communication, outreach, information, and support provided to FMs focused on coping with having a spouse or parent who is an RW (Theme in 1 session, NTF in 3 sessions).
  - Specific recommendations included providing spouses and children skills/tips for interacting with their RWs, providing family members a psychologist with knowledge of military culture, offering programs for children, providing family members information on how to cope with an RW who has PTSD, and helping school children to understand the situation and to manage negative feedback from their peers.
- Site Briefings to the RWTF, October 2011-March 2012:  
*Recommendation*
  - One FRSA recommended that engaging spouses more actively in the CTP could help with early intervention in family issues and help to engage spouses with the supports available to them.
- Munoz, K. D. Briefing to the RWTF. Quality of Life Foundation: Helping families who care for catastrophically wounded, ill, or injured Veterans. October 4, 2011:  
*Challenges*
  - Loss of job and loss of employer-sponsored health, dental, and life insurances – particularly concerning to parent caregivers while service member is still active duty because, unlike spouses, they do not have TRICARE (slide 11)  
*Recommendations*
  - Ensure access to highest quality medical and rehabilitative care for the service member while active duty and after discharge (including use of civilian facilities and providing "maintenance" rehabilitation to maintain ground gained during initial rehab) (slide 18)
  - Prevent families from becoming financially, emotionally and physically bankrupt (extend SCAADL to caregivers of those who are inpatient and require bedside care and provide onsite "wellness" care for caregivers who are at facility for extended time such as 6 months or more) (slide 19)
  - Prepare the family and home for a successful transition (Pre-transition family counseling, Financial management/budgeting help, VA Health and Benefits (Home Health preparations, Home Modification Grants, Transfer of GI Bill (when appropriate), VA Caregiver Application), and Connection with local support) (slide 20)
  - Support the family after transition with quality of life services and rapid resolution to emergency needs (High quality home health care providers, meet emergency financial needs resulting from veteran's wound/injury/illness, be

## **RWTF Effectiveness Results: Family Caregiver Supports**

responsive to unmet or underserved family support needs resulting from veteran's injury, and long term planning for veteran's care) (slide 21)

- Cohoon, B. Briefing to the RWTF. National Military Family Association: Transition outcomes and family caregivers. October 4, 2011:

### *Challenges*

- Large number of programs and websites - family members don't know how to ask for many resources or are overwhelmed completely (slide 13) (See information resources effectiveness results)
- Programs exist to help military families cope, but knowledge to inform program content is limited:
  - Programs geared towards acute and preventative (slide 13)
  - Little outcome measures done on existing programs (slide 13)
  - More research needed: timing of injury and well-being of family member/unit, include children and caregiver perspective, longitudinal study on the impact of wound/illness of service member on the family unit, transition impact on service members and their military families from active duty to veteran status (slide 13)
  - Lack of focus on children in programs
- Lack of seamless transition of programs and benefits for Military families:
  - Inconsistent across recovery phase:
    - ♦ Spouse and those on invitational travel orders (slide 14)
    - ♦ DoD and VA differ (slide 14)
  - Inconsistent from active duty to veteran status:
    - ♦ Medically Separated versus medically retired – TRICARE, CHAMP VA (if Service member less than 100% medically separated, families do not qualify for medical healthcare), DoD programs and services (slide 14)
    - ♦ Honorable versus dishonorable discharge (with dishonorable discharge, military families are left out without any services as well) (slide 14)
    - ♦ Military OneSource - when the Service member retires, military OneSource is no longer allowed (slide 14)
    - ♦ TRICARE Special needs benefit Extended Care Health Option (ECHO) (slide 14)
- DoD caregiver compensation:
  - Ends three months after reaching veteran status (slide 16)
  - Other VA caregiver benefits not included (slide 16)
- VA caregiver benefit:
  - Severely wounded or injured – not illness (slide 16)
  - Application and access to benefit start too late in the process (slide 17)
- Lack of education for family members:

## **RWTF Effectiveness Results: Family Caregiver Supports**

- Mental health: caregivers don't understand the physical aspects of injuries (particularly TBI) and don't know how to cope with anger outbursts
- Caregivers aren't getting instructions on how to deal with the system (both DoD and VA), the service member, and act as a single parent in many circumstances while children having difficulty dealing with it too
- Case Management: family members don't know that FRCs exist or if they are eligible for it
- Healthcare: family members are informed too late to be able to consider long-term decisions like where to move, what health insurance to use, etc.; Access to healthcare can be challenging depending on where Service member receives care so Guard and Reserve families often have to pay for their own move or their own trip to visit Service member; Services are reluctant to allow individuals to go to CBWTUs so Service members/families are starting to use TRICARE benefit and take out of pocket expenses for treatment due to long drives
- Caregiver burnout - caregivers are so busy taking care of other things that they often don't take care of themselves and then it is a lose/lose because both sides lose money when family breaks up and now you need to provide long term care for Service member (slide 15)
- Family counseling is limited to Walter Reed, Balboa, and BAMC and sometimes even in those locations the families are not getting counseling.
  - Also, access to mental health services for children of Service members as they grow up, parents, and divorced/separated spouses and their children is an issue (slide 15)
- Not assessing military family members' well-being before permanently leaving the military – only assess Service members (slide 15)

### ***Recommendations***

- Establish one-system providing services and benefits, such as MEB to two years post-veteran status (slide 19)
- Holistic approach to benefits and services: assisting families with a long term care plan, relocation options (before leaving the military and for non-spouse caregiver) (slide 18)
- Expand caregiver support programs and services: Educate about the wound, illness, or injury, caregiver employment, peer to peer mentoring, care for the caregiver (slide 18)
- Provide opportunities for a portable career (slide 20)
- Behavioral health:
  - Recommend family counseling and support, couple counseling, caregiver counseling, and children counseling
  - Increase access to mental health services: expand on military installations and MTFs, expand Vet Center eligibility and services offered, expand the

## **RWTF Effectiveness Results: Family Caregiver Supports**

- use of telemental health, remove state licensing barriers for mental health (slide 19)
- Resilience training (slide 20)
- Require military culture in health care and behavioral health professional curriculum/Train healthcare providers in military culture since military families less likely to see mental health practitioner (slide 19)
- Medical care:
  - TRICARE benefit extension as if still on AD (3 year extension for Medically Retired, 1 year extension for Medically Separated) (slide 18)
  - Bring care closer to home where they can be cared for (slide 19)
- VA benefits:
  - Start the VA caregiver benefit earlier in the process - benefit application should begin at start of Medical Evaluation Board (MEB) process (slide 18)
    - ♦ All benefits don't need to begin at the same time (Mental health services, training, caregiver support services)
- Cohoon, B. (n.d.). Recovering Warrior Task Force Draft Report Comments: National Military Family Association. Alexandria, VA: Author.

### *Recommendations*

- “The RW’s family/caregiver must be included in the planning process from the beginning. The caregiver is often thought of last and frequently not incorporated into the RW’s care plan” (p. 2)
- “There is a lack of a single point person to help guide families/caregivers in making lifetime decisions about themselves and the RW. The FRC is designed to do this, but does not enter the picture early enough to provide this valuable role” (p. 2)
- “There needs to be better coordination of existing Service Family Support Centers with a medical and non-medical component with all recovering warrior case managers” (p. 1)
- “The School Liaison Officer should be included in the recovering warrior team when they transfer and before they move to their final location”; this is “an important person who assists families with school age children with their education as they move” (p. 1)
- Cohoon, B., Deputy Director of Government Relations for the National Military Family Association, personal communication to the RWTF, December 16, 2012.

### *Challenges*

- No systematic way for spouses to seek mental health care
- WTU still focused on the Service member without enough attention being paid to spouse needs
- No formal way of engaging family member
- Programs are still asking RW permission to contact family members
- The VA is standing up a peer-to-peer resource where family members can talk and support one another with their concerns, but the concern is that it can be an



## **RWTF Effectiveness Results: Family Caregiver Supports**

online “complaint session” that does not result in family member getting the best advice to solve the problem

### *Recommendations*

- If spouse/family member has signed medical power of attorney before the Service member deploys, this alleviates the HIPAA piece
- Someone should track indicators such as rates of family member suicides and family member use of heavy medication in order to underscore magnitude of family member need
- Counseling via phone/skype should be built into the curriculum that all mental health clinicians receive, including private sector, and there should be a Continuing Education Credit for this
- Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011:
  - A challenge to the distribution of SCAADL compensation is that individuals are interpreting language in different ways
  - Proposed solution: they are currently working on “harmonizing” the language in order to ensure doctors are interpreting things like “homebound” in a more inclusive manner to ensure all qualified Service members are receiving this benefit

- MSgt Eichman, T. Briefing to the RWTF. Role of Family Liaison Officer. December 9, 2011:

### *Recommendations*

- Provide FLO with government transportation for more than 30 days at a time without completing renewal paperwork and make exceptions to allow transporting RW family members in Government vehicle (slide 13)
- Allow FLOs to work with injured individuals as well as combat wounded because if they are seriously injured and their usual site cannot handle that medical care, they will be sent to another facility and their family members will shoulder the burden of caretaking (slide 13)
- Hoge, C. Panel presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.
  - In the Army, they try to bring family members in and use them as part of the PTSD treatment planning and treatment process because social support is one of the best predictors of outcomes, but noted that they are probably not doing enough in this area
  - Priorities for Improving PTSD Care (Slide 18): Reinforce social and family connections via peer-to-peer programs, marital/family support
- Headquarters, Department of the Army (2012). Army 2020: Generating Health & Discipline in the Force: Ahead of the Strategic Reset Report 2012. Retrieved February 8, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>.

### *Challenges*

- Caregiver fatigue

## **RWTF Effectiveness Results: Family Caregiver Supports**

- “Spouses, partners and, in some cases, parents are compelled to leave their jobs and dip into their savings or retirement funds to care for them. This can add significantly to their levels of stress as they worry about finances, competing responsibilities (e.g., parental obligations to young children), health concerns and the way ahead.” (p. 39)
- There are “many challenges confronting Soldiers and family members impacted by diagnosed and undiagnosed TBI”; “These symptoms can degrade daily activities and, even if only temporary, can have a more lasting effect on social and familial relationships, work production and unit / team readiness” (p. 20)

### *Recommendation*

- “Enhancing or preserving the social network of Soldiers at risk for PTSD is a key aspect of reintegration and should emphasize social and family engagement prior to and during Soldier transitions and ongoing treatment.” (p. 26)
- National Guard Association of the United States, Retired Enlisted Association, Association of the United States Navy, and National Military Family Association (n.d.). Wounded, ill, and injured National Guard and Reserve members white paper. Washington, DC: Authors.

### *Reserve Component concerns*

- Families are not included in the initial out-processing at demobilization sites for National Guard Members and Reservists so families must wait until a follow-on briefing at 30, 60, or 90 days to receive out-processing information
- When Reserve Component Service members are held for further medical evaluation at the demobilization site for an additional 90 days, families are often left relying only on the Service member for information about what is occurring at this time. This can be problematic as families may be left feeling alone in coping with this delay in their Service member’s return home because:
  - The Service member may not know what is happening
  - If the Service member suffers from TBI or PTSD, he or she may be unable or unwilling to provide accurate information
- There is a lack of continuity in status as the Guardsman and Reservist transitions, which ultimately impacts available benefits and services for the Reserve Component members and their families

### *Recommendations*

- Require a GAO report on the treatment design being implemented by the Army on care of the wounded, ill, and injured Reserve Component members and their families
- Establish a pilot program using a peer to peer program to mentor wounded, ill, and injured Reserve Component members and their families after returning to their communities
- Provide travel expenses to the WTU and lodging for Reserve Component family members when the Guardsman or Reservist is detained by their Service for further medical evaluation